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Senator Handley, Representative Sayers and distinguished members of the public health committee, thank you for the opportunity to address you. My name is Dorothy Baker. I live in Hamden, and am a nurse practitioner with a doctorate in public health. I support the development and funding of statewide fall prevention programming.

For over 15 years I have been part of a multidisciplinary group at the Claude D. Pepper Older Americans Independence Center at Yale School of Medicine. We research strategies to help older adults maintain their independence.

In the 1980's we knew that falling was common. In the early 1990's, funded by the National Institutes on Aging, we developed strategies which not only reduced falls among community living older adults by 30%, but we demonstrated that fall prevention is cost effective. The cost of delivering fall prevention interventions was more than offset by a decreased utilization of health care services. We now understand that this saving was realized not only because we prevented fall injuries, but because the characteristics that cause falls also cause a number of other problems for older adults such as functional decline and acute confusion. To safely provide care to an increasingly older population we need to focus on the characteristics of the person and environment that increase the chance of falls.

Older people from across CT have participated in our research, often saying "I hope this will help someone else." Sharing this goal, with private funding, we formed the CT Collaboration for Fall Prevention. For the last 7 years, working with 3000 clinicians in the greater Hartford area we have developed clinical protocols and the materials to reach older adults where they live, worship, congregate or receive care. The groups we have worked with include the African American and Hispanic communities and we many of our materials have been translated into other languages. Our message is that falling is common and can be prevented by identifying a core set of characteristics and learning how to prevent, reduce or manage them.

We have an average of 15 older adults a day being hospitalized in CT for fall related injuries; a number that will increase with the aging of the population. A conservative estimate is that CT Medicaid is spending \$119 million per year to provide the long-term care for those who have sustained fall related injuries. If we reduce falls by 10% we estimate it would save CT Medicaid \$39 million per year. We suggest that CT join other states in making fall prevention programming available statewide by embedding it in state policy. It is the right thing to do for older adults, for who care for them and for those who pay for their care.

Thank you. I am happy to answer any questions.